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CONFIRMATION NO. 6311

Bib Data Sheet

SERIAL NUMBER 10/768,044	FILING DATE 02/02/2004 RULE	CLASS 250	GROUP ART UNIT 2881	ATTORNEY DOCKET NO. 33543					
APPLICANTS A. Paul Zavitsanos, Westchester, PA; Philip Wylie Leigh, Kennett Square, PA; Chin-Kai Meng, Hockessin, DL;									
** CONTINUING DATA *****									
** FOREIGN APPLICATIONS *****									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/29/2004									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> STATE OR COUNTRY PA </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> SHEETS DRAWING 5 </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> TOTAL CLAIMS 32 </td> <td style="width:10%; border-bottom: 1px solid black; text-align: center;"> INDEPENDENT CLAIMS 5 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 5	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 5
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ADDRESS Tom X. Li Legal Department Agilent Technologies, Inc. 3500 Deer Creek Road, MS 26U-25 Palo Alto, CA 94304-1317									
TITLE Spectral axis transform									
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	
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